STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G673	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2013

NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3521 OXFORD SOUTH BEND, IN 46615

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	**INITIAL COMMENTS** This visit was for a post certification revisit to the investigation of Complaint #IN00131495 conducted on August 1, 2013. COMPLAINT #IN00131495 - CORRECTED. This survey was conducted in conjunction with the fundamental recertification and state licensure survey. Dates of Survey: September 23, 24, 25, 26, and 27, 2013. Facility number: 009114 Provider number: 15G673 AIM number: 100244780 Surveyor: Tim Shebel, LSW Dungarvin Indiana LLC was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the post certification revisit to the investigation of complaint #IN00131495. Quality Review completed 10/7/13 by Ruth Shackelford, QIDP.	{W 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE